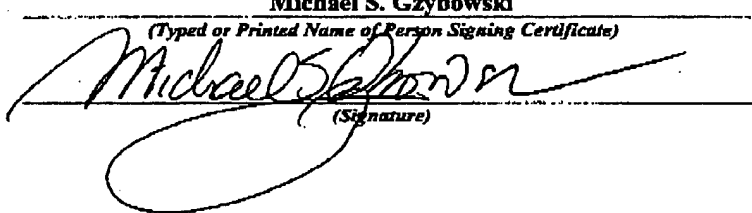



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Toshiya YAGOU et al.			121027-064
Serial No.	Filing Date	Examiner	Group Art Unit
09/939,163	August 24, 2001	Catharine Anderson	3761
Invention:			
BODY FLUID ABSORBENT PANEL FOR SANITARY WEARING ARTICLE			
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I hereby certify that this <u>Amendment and Amendment Transmittal</u>			
(Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)			
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Michael S. Gzybowski			
(Typed or Printed Name of Person Signing Certificate)			
			
(Signature)			
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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 121027-064		
Applicant(s): Toshiya YAGOU et al.					
Serial No. 09/939,163	Filing Date August 24, 2001	Examiner Catharine Anderson	Group Art Unit 3761		
Invention: BODY FLUID ABSORBENT PANEL FOR SANITARY WEARING ARTICLE					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: December 30, 2003</div></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="text-align: center;"> Signature</div><div style="margin-left: 20px;">Filed via facsimile transmission.</div></div><div style="border: 1px solid black; padding: 5px; margin-top: 20px; width: fit-content;"><div style="text-align: center;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div></div>					
cc:					